367.68

	AMENDMENT TRANSMITTAL LETTER					ocket No. MQ-034
Applicatio 09/708822-Co		Filing I November		Examine Not Yet Ass		Art Unit N/A
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licant(s): Yve 	tta D. Pols-Sar	idhu, <i>et al</i> .				···
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	Claims	Highest	S AS AMENI	JEU		
	Remaining After	Number Previously	Number Extra Claims			
otal Claims	Amendment 31	- 35 =	Present	Rate X		0.00
ndependent Saims	4	- 4 =		х		0.00
	lent Claims (ch	eck if applicabl	e)			
	(01)		-/ <u> </u>			
Other fee (pleas	e specify): E	xtension for res	ponse within fi	rst month		110.00
OTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			110.00
Large Entity				Small Enti	ty	
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below.

Dated: October 20, 2003

__(Sean D. Detweiler)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known						
Application Number	09/708822-Conf. #3050					
Filing Date	November 8, 2000					
First Named Inventor	Yvetta D. Pols-Sandhu					
Examiner Name	J. Walsh					
Art Unit	3676					
Attorney Docket No.	SMQ-034					

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METHOD OF PAYMENT (check all that apply)				FEE	CALCULATION (continued)]
Check Credit Money Order Other None	3. A	DDITI	ONAL	FEES	1		
X Deposit Account:							
Deposit		Entity	,	I Entity	_		
Account Number 12-0080	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Deposit Account Lahive & Cockfield, LLP	1051	130	2051	65	Surcharge - late filing fee or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cove sheet.	er	Í
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	420		<u> </u>	
	1055	130	1053	130	Non-English specification		1
X Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		1
Charge fee(s) indicated below, except for the filling fee	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		1
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	110.00	1
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month		1
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month		1
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month		i
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal		ŀ
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing		ĺ
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		ł
01170701 (4)	1452	110	2452	55	Petition to revive – unavoidable		ŀ
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)		IVE
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue fee	T- 1	
Total Claims 31 -35** = x = 0.00	1503	640	2503	320	Plant issue fee	IOCT 2	7 2003
ndependent 4 -4** = x = 0.00	1460	130	1460	130	Petitions to the Commissioner		
Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		IP 36
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Strate		he or
Fee Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	Recording each patent assignment per		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	property (times number of properties). Filing a submission after final rejection (37 CFR 1.129(a))		
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be		
1203 290 2203 145 Multiple dependent claim, if not paid	ŀ				examined (37CFR 1.129(b))		
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application		
	Other f	ee (spe	cify)			الا	
SUBTOTAL (2) (\$) 0.00	*Redu	ced by E	Basic Fi	ling Fee	Paid SUBTOTAL (3) (\$)	110.00	
**or number previously paid, if greater; For Reissues, see above	<u></u>						
SUBMITTED BY					(Complete (if applicable))		Í

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 309881314 US, in an envelope addressed to: MS AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Registration No.

42,482

Dated: October 20, 2003

Signature

Name (Print/Type) Sean D. Detweiler

Signature:

(Sean D. Detweiler)

Telephone (617) 227-7400

October 20, 2003

Date